

MAR 20 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

Country JacksonRegistration District No. 398

Township

Primary Registration District No. 301.9

City

Independence(No. Sanitarium)File No. 6158Registered No. 66

St.

Ward)

2. FULL NAME

(a) Residence, No. 78.31

(Usual place of abode)

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

H. Albert Coffey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Apr 15 1889

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Kansas City, Missouri

13. NAME

Arbury Cobb

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

15. MAIDEN NAME

Sarah E. Hall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

17. INFORMANT

(ADDRESS)

H. Albert Coffey

18. BURIAL, CREMATION, OR REMOVAL

Mountain ViewDATE Feb 22 1937

19. UNDERTAKER

(ADDRESS)

George C. Carson

20. FILED

2-22-37

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Feb. 19 - 1937

22. I HEREBY CERTIFY, That I attended deceased from

2/121937, to2/191937

Last saw her alive on

2/191937

Death is said

to have occurred on the date stated above, at 4:23 A.M.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia

Date of onset

Other contributory causes of importance:

Influenza

Name of operation

Date of

What test confirmed diagnosis? ClinicalWas there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Dr. H. M. D.(Address) 10307 Indep Ave. NC Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

